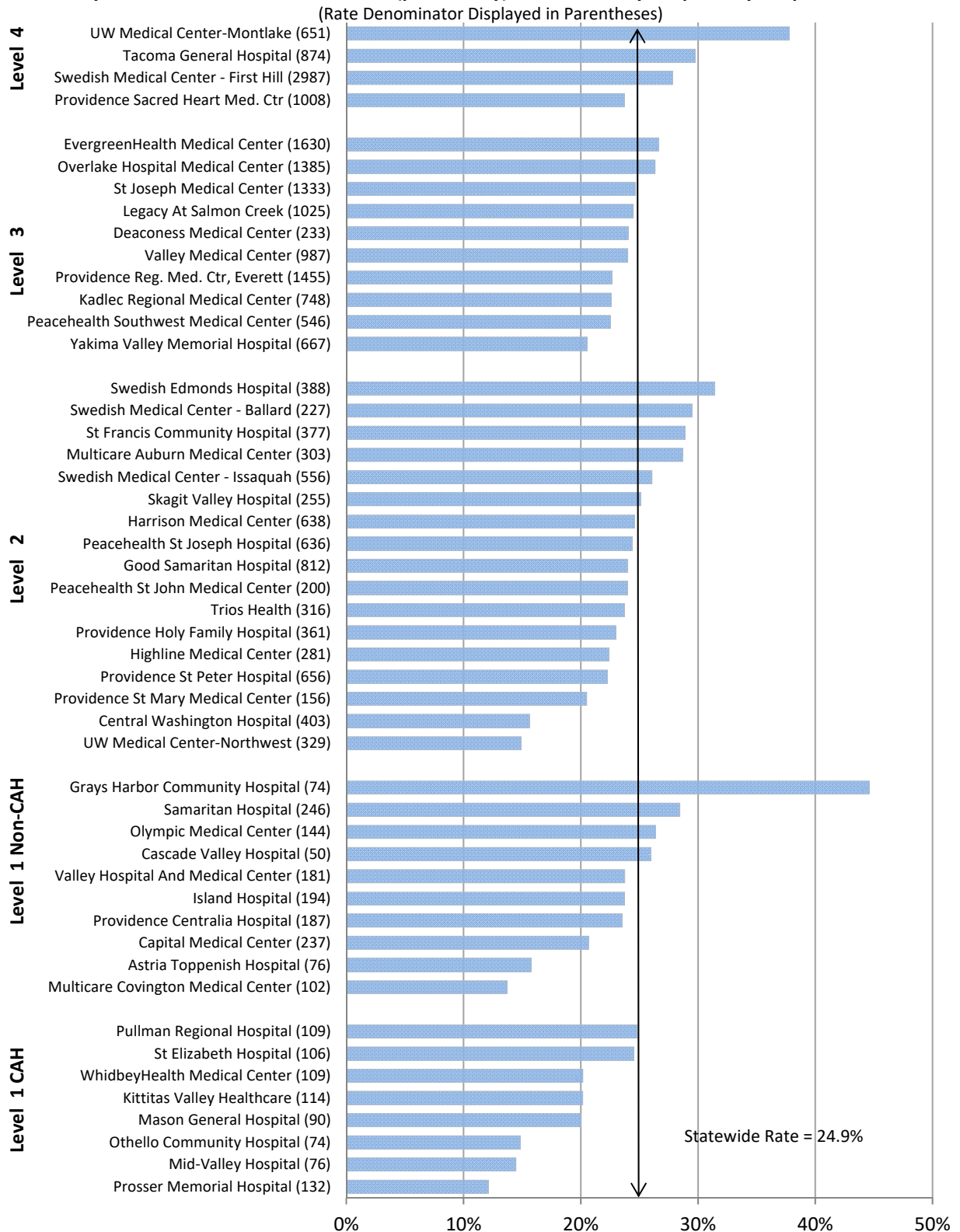


C-Sections for Single Live Full-Term Head-First Births to First-Time Mothers (NTSV) January 2020 - December 2020 WA Births (preliminary) at Non-Military Hospitals by Hospital Level of Care

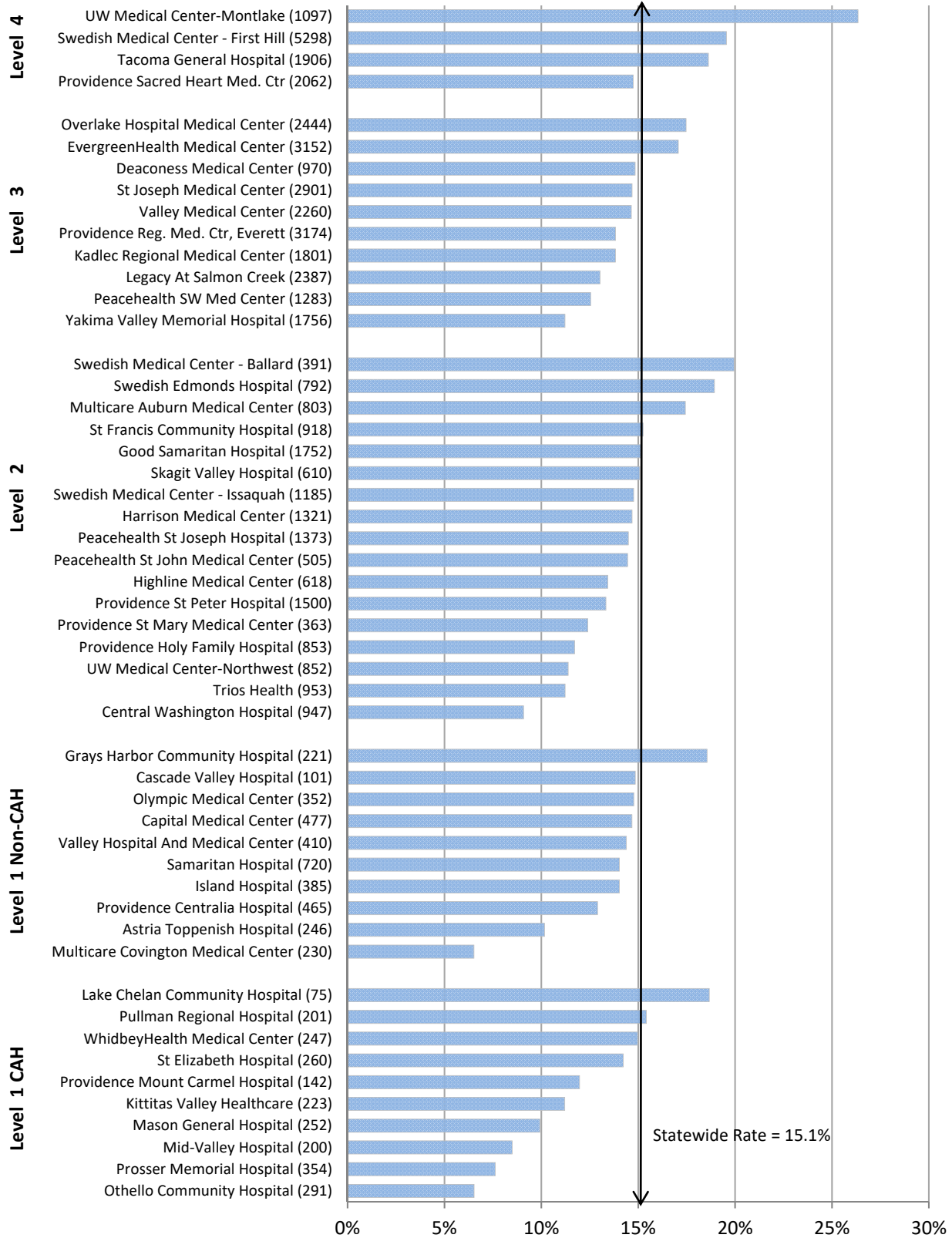


Washington does not currently have a stated target for this measure. **C-Sections NTSV**=C-Sections among **Nulliparous Term Single live Vertex** births, also described as single live full-term head-first births to first-time mothers. NTSV denominator is shown in parens. **Hospital Level of Care:** The Washington State Department of Health compiles Perinatal Level of Care Guidelines (available at <http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf>) which outline general functions, patient descriptors, and resources for basic (Level I), intermediate (Level II), intensive care (Level III, commonly referred to as Neonatal Intensive Care Unit or NICU), and Regional NICU (Level IV) obstetrical and neonatal services. Hospitals with Level III designation are distributed across the state to provide regionalized services with the appropriate level of care for pregnant women and newborns. The **Critical Access Hospital (CAH)** Program was created as a safety net device to assure Medicare beneficiaries access to health care services in rural areas. For specifications see <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/RuralHealth/RuralHealthSystems>

Excludes cases where mother was transferred to higher level care for maternal medical or fetal indicators for delivery, hospital births where intended place of birth was other than hospital, and hospitals with fewer than 20 single live full-term head-first births to first-time mothers. Small number suppression rules applied.

Primary C-Sections Among Term Singleton Vertex (TSV) Deliveries

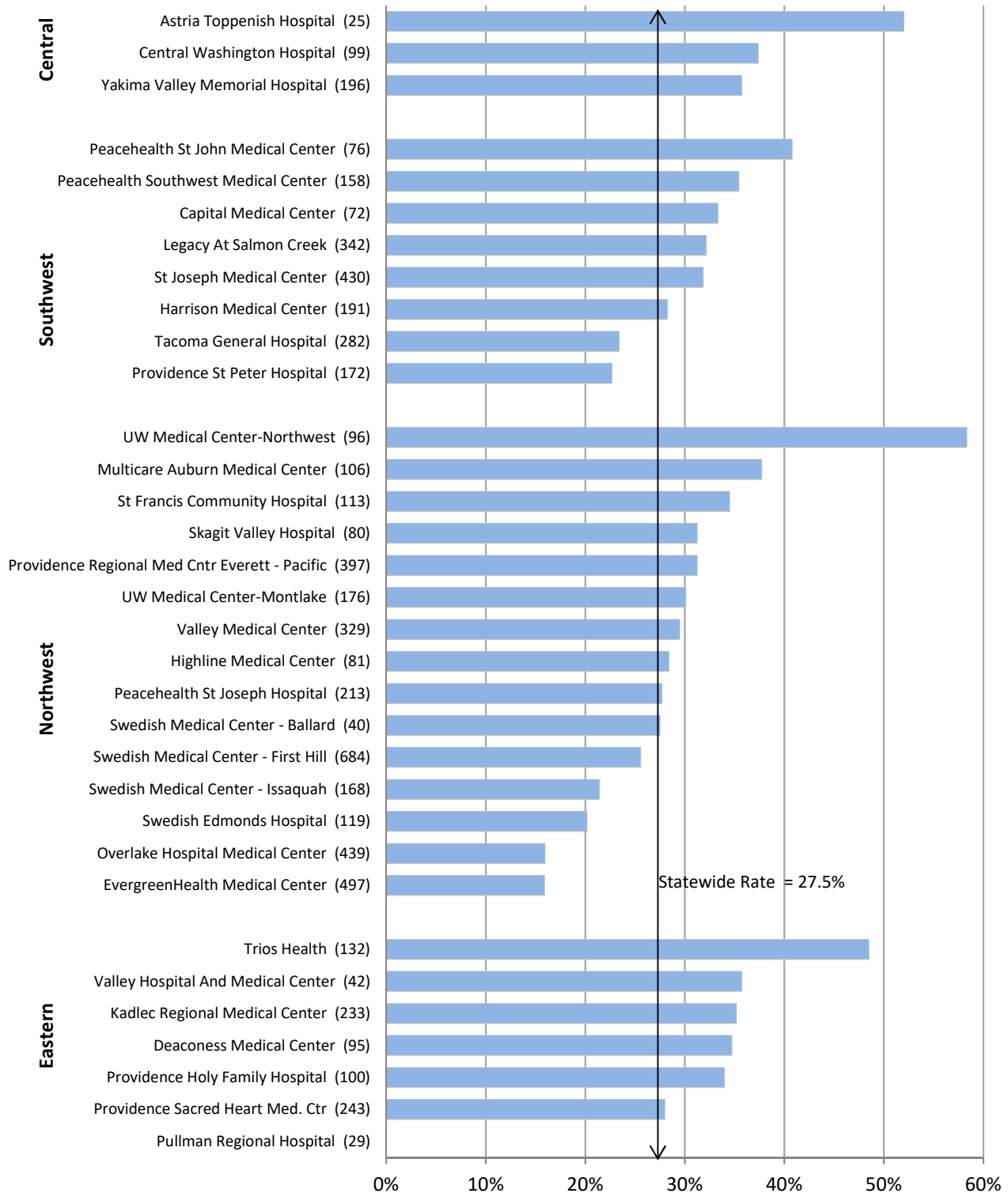
January 2020 - December 2020 WA Births (preliminary) at Non-Military Hospitals by Hospital Level of Care
(Rate Denominator Displayed in Parentheses)



Primary C-Sections TSV = C-Sections for Single Live Full-Term Head-First Births (TSV) to women with no prior C-sections.

Hospital Level of Care: The Washington State Department of Health compiles Perinatal Level of Care Guidelines (available at <http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf>) which outline general functions, patient descriptors, and resources for basic (Level I), intermediate (Level II), intensive care (Level III, commonly referred to as Neonatal Intensive Care Unit or NICU), and Regional NICU (Level IV) obstetrical and neonatal services. Hospitals with Level III designation are distributed across the state to provide regionalized services with the appropriate level of care for pregnant women and newborns. The **Critical Access Hospital (CAH)** Program was created as a safety net device to assure Medicare beneficiaries access to health care services in rural areas. For specifications see <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/RuralHealth/RuralHealthSystems> **Excludes** cases where mother was transferred to higher level care for maternal medical or fetal indicators for delivery, hospital births where intended place of birth was other than hospital, and hospitals with fewer than 20 single live full-term head-first births to women with no prior C-section. Small number suppression rules applied.

**Vaginal Births After Single C-Section (VBAC) for Term Single Head-First Deliveries
January 2020 - December 2020 WA Births (preliminary) at Non-Military Hospitals by Perinatal Region**
(Rate Denominator Displayed in Parentheses)



Washington does not currently have a stated target for this measure.

Vaginal Births after Single C-Section (VBAC) are vaginal births among live births to women with term single head-first deliveries after a single prior c-section. Number of prior c-sections is determined by Birth Certificate number stated and longitudinal linkage.

Number of vaginal births after single identified c-section is shown next to hospital name.

The **Perinatal Regional Network** is coordinated by the Department of Health and is a collaborative effort with the Health Care Authority/Medicaid. The program uses state and federal funds to contract with geographically strategic healthcare institutions to coordinate and implement state and regional quality improvement projects to decrease poor pregnancy outcomes for which Medicaid clients are at disproportionately increased risk.

Excludes hospitals with fewer than 20 deliveries to women who are appropriate candidates for VBAC, and hospitals that do not offer planned vaginal birth delivery services after a prior cesarean section. Small number suppression rules applied.